

CRISIS STANDARDS OF CARE

EMERGENCY MEDICAL SERVICES

Peter T. Pons, M.D., F.A.C.E.P.

CSC - EMS

- Public Safety Answering Points (PSAPs)
- Dispatch Centers
- EMS Agencies
- EMS Responders
- Recommended PPE – COVID-19
- Transport Destination
 - Criteria for non-transport
- Medical Care On-scene and During Transport
- Cardiac Arrest – Known or suspected COVID-19

PSAPs

- Call-takers should perform caller inquiries/focused screening on callers for symptoms related to the infecting agent
- Implement triage algorithm to preserve response capability for severely ill or injured patients
- Implement referral process to nurse advice lines, telehealth, mobile integrated health
- If known PUI, consider Public Health notification to public safety for computer aided dispatch entry
- Relay information to Public Safety dispatcher

Dispatch Centers

- Dispatch only essential resources to calls
 - Consider ambulance-only if no life-threats identified
 - Stage additional resources away from scene
- Defer select 9-1-1 requests
 - Recommend private vehicle transport
 - Refer to nurse advice lines, telehealth, mobile integrated health
- Provide scripted ID alert to responders
- Ask ambulatory patients to meet EMS outside
- Consider telehealth process to allow direct EMS communication with patient

EMS Agencies

- Change staffing/crew configuration as needed
 - Non-medical driver
- Expand no-transport “left-at-scene” discretion
 - Establish process for follow-up/referral
 - Provide instructions for self-care at home
- Identify non-hospital destinations for select patients
- Alternate response strategies
 - “Jump car”
 - Community paramedic

EMS Responders

- Maintain vigilance for ID and use appropriate PPE
- Avoid patient contact until PPE is donned
- When not performing direct patient assessment, maintain minimum 6 ft. distance
- Limit close contact time with patient
- Limit number of responders making contact
- PPE may be alarming to patients, provide reassurance
- Confirm existing MOST form, DNR/DNI wishes, or advance directives.

P.P.E. for COVID-19

- Care Provider
 - N-95 or higher level respirator (if not available, then facemask)
 - Eye protection
 - Gloves
 - Gown
- Driver
 - If assisting with direct patient care, as above
 - If patient compartment and cab cannot be isolated, wear n-95 respirator
- For any aerosol-generating intervention, wear N-95 or higher level respirator

Transport Destination

- Transport only severely ill patients
 - Refer others
- Transport to closest hospital
- Transport destinations may be adjusted to allow transport to clinics, surgery centers, urgent care centers, or other alternate sites of care

No-Transport Criteria

- Age < 60 years
- History of viral syndrome
- Vital signs — RR 8-20, HR < 110, SBP > 90, SpO₂ > 90%
- No high risk medical history
- Has decision-making capacity
- No SOB, syncope, cyanosis, diaphoresis, chest pain
- Resources available to re-access 9-1-1 if condition changes

Medical Care – on-scene & during transport

- Apply strict criteria for use of scarce equipment
 - Keep non-essential equipment away from patient
- Only perform aerosol-producing procedures if absolutely necessary
 - DC prior to entering facility or confirm if entry will be allowed
- If active management is needed, limit airway interventions as much as possible
 - Supraglottic airway, video laryngoscopy, RSI

Medical Care – on-scene & during transport

- Ventilate intubated patients using device with HEPA filter on exhalation port
- Notify destination of impending arrival to allow for preparation
- Ventilate patient compartment as much as possible
- Relatives and friends should not ride along

Cardiac Arrest (general)

- Patients with known poor survival should be pronounced in the field.
 - Patients in cardiac arrest with an initial rhythm of asystole
 - Patients in non-traumatic cardiac arrest with an initial rhythm of PEA
 - Patients in cardiac arrest with an initial rhythm of ventricular fibrillation should have limited efforts at resuscitation including CPR, electrical defibrillation and ACLS drugs.
 - If no ROSC, contact medical control for possible termination order.
- Patients in continuous cardiac arrest **WILL NOT BE TRANSPORTED.**

Cardiac Arrest

(Known or Suspected COVID-19)

- NO CPR without appropriate PPE
- Similar field pronouncement criteria as prior slide
- ROSC should be sustained (continued palpable pulse and systolic BP ≥ 60 mmHg for >5 minutes) BEFORE moving the patient to the patient compartment for transport.

Triggers and Actions

- EMS agencies should develop a matrix

	Conventional	Contingency	Crisis
Dispatch			
Response			
Patient Assessment			
Transportation			

- Examples provided from:
 - EMS Volume of the “Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response”, Institute of Medicine of the National Academies, 2012.
 - The Institute of Medicine in its’ publication titled “Crisis Standards of Care: A Toolkit for Indicators and Triggers”

Thank you for your attention.